CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from countles, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit

	manager.	ine c	ounty, with a copy direct	ed to the	e appropriate CalFresh Policy uni	
•	Questions from Administrative Law Judges may be submitted direct where the hearing took place, with a copy of the form directed to the RESPONSE NEEDED DUE TO:	ctly t	o the CalFresh Policy and	alyst as	signed responsibility to the county	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	au unii i		
	Policy/Regulation Interpretation		2/18/16	***	NEED RESPONSE BY: ASAP	
	□ QC	6.	COUNTY/ORGANIZATION:	·	AOAI	
	☐ Fair Hearing		Contra Costa County			
	Other:	7.	SUBJECT:			
2.	1/Acres 100 100 100 100 100 100 100 100 100 10		Foster care child			
٤.	REQUESTOR NAME:	8.	REFERENCES: (Include ACI	L/ACIN, co	ourt cases, etc. in references)	
3.	PHONE NO.:	_			ulation cite(s) and/or a reference(s).	
		Ì	63-402.34; 63-402.32	22		
4.	REGULATION CITE(S):	-				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		AA		11-11-11-11-11-11-11-11-11-11-11-11-11-	
	Household of 4 comes in to apply. Mother is parent to both a in Foster Care. They are now being returned temporarily to apply for CalFresh. Are these children eligible to apply for C					
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10.	REQUESTOR'S PROPOSED ANSWER:					
	 Since the children are not currently in receipt of CalFresh, they may be eligible to CalFresh if all other conditions of eligibility are met by the HH. No income will be used since the household is not in receipt of this foster care income. 					
	OR					
	Since the children are only there for a month and there is them in the HH and only grant benefits for the parents if of	no vothe	vay to confirm if they w rwise eligible.	vill rema	ain ongoing, we do not	
11.	STATE POLICY RESPONSE (CFPB USE ONLY):					
	Per MPP 63-402.13 all four members should apply as a same circumstances in the month of application (MPP 63-503.11) a then it will be considered unearned income (MPP 63.502.142).	เทกเ	usehold. Eligibility sho parents actually recei	ould be ive fost	determined based on the er care monies in trial month	

DATE RECEIVED:	DSS USE		
2/18/2016	DATE RESPONDED TO COUNTY/ALJ:		
	03/04/16 (SV 916-654-1940)		
CF 24 (7/12)	0004/10 (34 910-034-1940)		